

**441—74.1 (249A,85GA,SF446) Definitions.**

*“Accountable care organization”* means a risk-bearing, integrated health care organization characterized by a payment and care delivery model that ties provider reimbursement to quality metrics and reductions in the total cost of care for an attributed population of patients. An accountable care organization shall be qualified pursuant to rule 441—77.51(249A).

*“Caretaker relative”* means a relative listed in 441—subrule 75.55(1).

*“Countable income”* means “modified adjusted gross income” (MAGI) or “household income,” as applicable, determined pursuant to 42 U.S.C. § 1396a(e)(14).

*“Department”* means the Iowa department of human services.

*“Enrollment period”* means the 12-month period for which Iowa Health and Wellness plan eligibility is established.

*“Essential health benefits”* means the essential health benefits defined at 42 U.S.C. § 18022.

*“Federal poverty level”* means the poverty income guidelines revised annually and published in the Federal Register by the U.S. Department of Health and Human Services.

*“Health insurance marketplace”* or *“exchange”* means an American health benefit exchange established pursuant to 42 U.S.C. § 18031.

*“Iowa Health and Wellness Plan”* means the medical assistance program set forth in this chapter.

*“Iowa wellness plan”* means the benefits and services provided to Iowa Health and Wellness Plan members with countable income that does not exceed 100 percent of the federal poverty level.

*“Marketplace choice plan”* means the benefits and services provided to Iowa Health and Wellness Plan members with countable income between 101 percent and 133 percent of the federal poverty level.

*“Medical home”* means a provider contracted with the department through Form 470-5177, Agreement for Participation as a Patient Manager in the Iowa Health and Wellness Plan (Wellness Plan).

*“Medically exempt individual”* means an individual exempt from mandatory enrollment in an alternative benefit plan pursuant to 42 CFR § 440.315 as amended on July 15, 2013.

*“Member”* means an individual who is receiving assistance under the Iowa Health and Wellness Plan described in this chapter.

*“Minimum essential coverage”* means health insurance defined in Section 5000A(f) of Subtitle D of the Internal Revenue Code.

*“Modified adjusted gross income”* means the financial-eligibility methodology prescribed in 42 U.S.C. § 1396a(e)(14).

*“Qualified employer-sponsored coverage”* shall be defined pursuant to 42 U.S.C. § 1396e-1(b).

*“Qualified health plan”* shall be defined pursuant to Section 1301 of the Patient Protection and Affordable Care Act, Public Law 111-152.

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